

Examiner Robert Zeman, Group 1645

Company USPTO

1-919-483-9038; Facsimile: 1-919-483-7988

É-mail

November 15, 2002. Pages including cover 9 Date

Subject Continued Prosecution Application

Continued Prosecution Application Re:

Application of LENHARD et al.

U.S. Serial No.: 09/441,493; Filed: November 17, 1999 Examiner: Robert Zeman; Group Art: 1645

Infrared Thermography Attorney Docket No. PU3571

Attached:

- Certificate of Transmission (37 CFR 1.8(a))
- Continued Prosecution Application Request Transmittal (in duplicate)
- Petition for Extension of Time (in duplicate)
- Receipt for Facsimile Transmitted CPA



GlaxoSmìthKiine PO Box 13398 Five Moore Drive Research Triangle Park North Carolina 27709

FAX RECEIVED

NOV 1 0 2002

GROUP 1600

OFFICIAL

The incompliance of the comments is confidential and may also be phylicited by interfed for the exclusive use of the addressee designated above. If you are not the intended a recipient or the employee or agent responsible to deliver it to the intended a recipient, any disclosure, reproduction, distribution, or any other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

REQUEST TRANSMITTAL Submit an original, and a duplicate for fee processing ((Only for Continuation or policy and applications under 37 CFR 1.53(d))

DUPLICATE

The second of th	22 77 7	
Address to	Attorney Docket No. ±	P.U3571
Assistant Commissioner for Patents	First Named Inventor	James Martin LENHARD
Box CPA	Examiner Name	Zeman, Robert
Washington, DC 20231	Group Art Unit	1645
	Express Mail Label No.	
	• •	<u> </u>
This is a request for a 🛛 continuation or 🔲 divisi	onal application under	37 CFR 1.53(d).
(continued prosecution application (CPA)) of prior application	-	
filed on 11/17/1999 entitled INFRARED THERMOG	· · · · · · · · · · · · · · · · · · ·	1121 ***
		•
<u>NOTES</u>	العن الم	· · · · · · · · · · · · · · · · · · ·
FILING QUALIFICATIONS: The prior application identified above must as defined by 37 CFR 1.51(b), or (2) the national stage of an internation May 29, 2000, a CPA may only be filed in a utility or a pant application 29, 2000. A CPA may be filed in a design application application of the continued Examination Practice changes to and Provisional Application Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. CC-I-P NOT PERMITTED: A continuation-In-part application cannot be funder 37 CFR 1.53(b). EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing application as of the filing date of the request for a CPA. 37 CFR continuation-in-part of an application that is not to be abandoned. ACCESS TO PRIOR APPLICATION: The filing of this CPA will be counder 35 U.S.C. 122 to the extent that any member of the public who is copies of, or information concerning, the prior application may be concerning, the other application or applications in the file jacket. 35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application.	nal application in compliance if the prior nonprovisional if the filing date of the prior in Practice," Final Rule, 65 F Office (Apr. 11, 2000). The second of this CPA is a request 1.53(b), must be used to the instrued to include a waiver of the provision given similar access to, compliance in the provision given similar access to, compliance in the provision of the prior the provision of the prior	with 35 U.S.C. 371. Effective application was filed before May or application. See "Request for ed. Reg. 50092 (Aug. 16; 2000); it 1.53(d), but must be filed, to expressly abarrdon the priorities a continuation, divisional, or of confidentiality by the applicant ins of 37 CFR 1.14 to access to, opies of, or similar information
none should be submitted. If a sentence referencing the prior application is the specific reference required by 35 U.S.C. 120 and to every application request, 37 CFR 1.78(a). WARNING: Information on this form may become be included on this form. Provide credit card information.	n is submitted, it will not be tion assigned the application public. Credit card inf	entered. A request for a CPA number identified in such
1. Enter the unentered amendment previously filed on		4
under 37 CFR 1.116 in the prior nonprovisional appl 2. A preliminary amendment is enclosed.	ication.	-4.
	nod in the prior abulian	47 - 47 6 27*CED 4 52(4)(4):
3. This application is filed by fewer than all the inventors nar a: DELETE the following inventor(s) named in the pri		
3.		<u> </u>
The inventor(s) to be deleted are set forth on a sep	- <u> </u>	- 10
4. A new power of attorney or authorization of agent (P	parate sneet attached (TO/SR/81) is enclosed	rereto.
5. Information Disclosure Statement (IDS) is englosed:	. C. CDI C 17 10 CHOICSEC	
a Tepro-1449	and the same of	1493
b. Copies of IDS Citations		The Land Marie Town
The state of the s	T TANKEY	f 1 m 5 to 10 m 20 m 10 m

GLAXO WELLBEST AVAILABLE CORY

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Capenwork Reduction Act of 1895, no persons are required to a collection of this promise it displays a valid OMB control number.

CLAIMS (1) FOR (2) NUMBER FILED (3) NUMBER EXIRA (4) RATE (5) CALCULATIONS TOTAL CLAIMS (97 CFR 1.16(c) or 0)) 16 20*= 0 x\$ 18 == \$ \$0.00 INDEPÉNDENT CLAIMS (7 CFR 1.16(c) or 0)) 4 3*= 1 x\$ 8.84 == \$ \$0.00 MULTIPLE DERENDENT CLAIMS (# applicable) (37 CFR 1.16(d))	CLAIMS TOTAL CLASS 16 20** 10 XS 18 ** \$ \$ \$0.00 INDEPENDENT CLAIMS (1) FOR 1000 10		enwork readuction Act of 1995, i		reapond to a conta	ACT COMMONS	CONTROL IT GISTS	DAY OF ASSIG	
Company Comp	(1) FOR (7) NUMBER FILED (3) NUMBER EXTRA (4) FATE (5) CALCULATIONS (7) CR1 LING or (9) 18 201-2 0 x \$. 18 5 \$0.00			10.0	1 i	73.5	. AF		**************************************
NDEPFENDENT CLAIMS 4 3 5 50.00	NonePerSuper Claims 16 201- 0		(1) FOR	(2) NUMBER FILED	(3) NUMBER		(4) RATE	(5) CA	18.1
MULTIPLE DERENDENT CLAIMS (if applicable) (37 CFR 1.16(d))	MULTIPLE DEPENDENT CLAIMS (if applicabile) (37 CPR 1.16(o))		TOTAL CLAIMS 97 CFR 1.16(c) or (j))	-1620*=	0	الشيب.	x\$ 18		\$0.00
BASIC FEE (37 CFR 1.16) \$ \$740.00 Reduction by 50% for filing by small entity (Note 37 CFR 1.27). \$0.00 Reliance claims in excess of 20 and over original patent. TOTAL= \$824.00 Braula entity status, Applicant claims over original patent. TOTAL= \$824.00 Small entity status, Applicant claims over original patent. TOTAL= \$824.00 Small entity status, See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. e7 1932 a. Sees required under 37 CFR 1.16. b. Sees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. A check in the amount of \$ is enclosed. A check in the amount of \$ is enclosed. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. A check in the amount of \$ credit card. Form PTO-2038 is attached. B check in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. B check in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credit in the amount of \$ credit card. Form PTO-2038 is attached. Credi	BASIC FEE (37 0FM 3-16) \$740/00 Total of above Calculations = \$824.00 Reduction by 50% for filing by small entity (Note 37 CFR 1.27) \$0.00 Refuse chims in excess of 20 and over original pattent TOTAL = \$824.00 Small entity status; Applicant claims sword original pattent TOTAL = \$824.00 Small entity status; Applicant claims small entity status, See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 97 1322 B. Fees required under 37 CFR 1.16. Sees required under 37 CFR 1.17. Sees required under 37 CFR 1.18. Sees required under 37 CFR 1.103(b) for a period of			4 3** = .	- 1	**	x \$ -84	= P	584.00
Total of above Calculations = \$740.00	Reduction by 50% for filing by small entity (Note 37 GFR 1.27). Reduction by 50% for filing by small entity (Note 37 GFR 1.27). \$5.24.00		(ULTIPLE DERENDENT C	LAIMS (if applicable) (37 CFR 1.16(d))	(a.	+5 0		\$0.00
Reduction by 50% for filling by small entity (Note 37 CFR 1.27). Resizue chims in access of 29 and over criginal patent. S824.00 Small entity status: Applicant claims small entity status. See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 97 —1392 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. A check in the amount of \$	Reduction by 50% for filing by small entity (Note 37 CFR 1.27). Release Interess of 20 and own original patent. Release Interess of 20 and own original patent. Release Interess of 20 and own original patent. TOTAL S824.00 S824.00 Small entity status, Applicant claims small entity status, See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 97 1592 E. Fees required under 37 CFR 1.16. B. Fees required under 37 CFR 1.16. B. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ is enclosed. 9. Payment by credit card. Form PTO-2038 is attached. 10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 11. New Attorney Docket Number, if desired Prior application Prior application is carryore to this CPA unless a new Atturney Docket Number has been provided herein.) 12. a. Receipt For Feasimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized. See MPEP 503) 13. Other: Petition and Fee for Extension of Time Note: Petition and Fee for Extension of Time Note				e Alaga.		BASIC FEE	3	\$740.00
Reliave claims in excess of 29 and over original patent. 6. Small entity status. Applicant claims small entity status. See 37 CFR 1:27. 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. e7 1:392 a. Sees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ is enclosed. 9. Payment by credit card. Form PTO-2038 is attached. 0. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(f) is enclosed. 1. New Attorney Docket Number, if desired [Prior application Attorney Docket Number in this CPA unless a new Attorney Docket Number has been provised herein.] 2. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically ltemized. See MPEP 503) 13. Other Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Labor Name PATENT TRADEMANK CPRICE Zip Code	Reliable in Applicant claims small entity status. See 37 CFR 1.27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 7 1402 a. Sees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. c. Fees required under 37 CFR 1.18. lis enclosed. g. Payment by credit card. Form PTO-2038 is attached. https://doi.org/10.100/10.1				T	otal, of abov	e Calculations =	-	\$824.00_
Small entity status: Applicant claims swer original patent Small entity status: Applicant claims small entity status. See 37 CFR 1:27. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 97 -1392 A. Fees required under 37 CFR 1.16. D. Fees required under 37 CFR 1.17. C. Fees required under 37 CFR 1.18. A check in the amount of \$	Section Sect	F		•		O . 5		, 61	\$0.00
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. e7 -1992 a. X Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ is enclosed. 9. Payment by credit card. Form PTO-2038 is attached. 1. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months in (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 1. New Attorney Docket Number, if desired Prior application Attorney Docket Number will carry over to this CPA Integes on new Attorney Docket Number has been provided herein.] 12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized. See MPEP 503) 13. Other. Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer Norty Alegaly perpode label here) Name PATENT TRADEMARK CIFFICE Address City Zip Code	7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 97 –1932 a. X Fees required under 37 CFR 1.16. b. X Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$		Reissue independent claims	over original patent.	<u></u>			= n	\$824.00
b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$	b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$	7. The Comm	issioner is hereby aut					fees to	
Receipt For Facsimile Transmitted CPA (PTO/SB/29A) B. Return Receipt Postcard (Should be specifically itemized. See MPEP 603) Cother: Petition and Fee for Extension of Time The prior application's correspondence address is provided below. Constormer Number or Bar Code Laber City Patent Receipt For Bar Code Laber (Insert Customer Norgy Analyses) Patent Transmortice Zip Code	Receipt For Facsimile Transmitted CPA (PTO/SB/29A) Receipt For Facsimile Transmitted CPA (PTO/SB/29A)			:	4			· · · va	
8. A check in the amount of \$ is enclosed. 9. Payment by credit card. Form PTO-2038 is attached. 0. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 1. New Attorney Docket Number, if desired [Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.] 2. a. Receipt For Facsimille Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503) 13. Other. Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Accurate Address (Insert Customer Norty Anappage code label here) Name Patent Transmitted Customer Norty Anappage code label here) Accurate State Zip Code	8. A check in the amount of \$		1 7				-	я.	, j
9. Payment by credit card. Form PTO-2038 is attached. 0. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of	9. Payment by credit card. Form PTO-2038 is attached. 0. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 11. New Attorney Docket Number, if desired (Prior application Atomey Docket Number, if desired (Prior application Atomey Docket Number will carry over to this CPA unless a new Attorney Docket Number has been provided herein.] 12. a. X Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized. See MPEP 503) 13. X Other. Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer Norry After processed label here) Name PATENT TRADEMARK OFFICE Accuracy Telephone Fax 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) Michael M. Couger Telephone: 919-483-2474		•			*			
O. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of	O. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of					r (W.	mil.	-
(not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. New Attorney Docket Number, if desired [Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.] 2. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503) 13. Other. Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Other Petition and Fee for Extension of Time	(not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. New Attorney Docket Number, if desired [Prior application Attorney Docket Number will carryove to this CPA unless e new Attorney Docket Number has been provided herein.] Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized; See MPEP 503) The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Label [Insert Customer Nocy 1 text page 1] Andress PATENT TRADEMARK OFFICE Address City Stale Zip Code			•	_	3(b) for a	period of .	ر. m کا م	onths :
Prior application Attorney Docket Number will carryover to this CPA unless e new Attorney Docket Number has been provided herein.] Receipt For Facsimile Transmitted CPA (PTO/SB/29A) D.	Prior application Attorney Docket Number will carry over to this CPA unless a new Attorney Docket Number has been provided herein.] 2. a. Receipt For Facsimille Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503) 13. Other Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS	(not to	exceed 3 months) and	the fee under 37	CFR 1.17(i) i	s enclosed	i.	*****	,
b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503) 13. Other: Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer Norry Alegophes code label here) Patent TradeMark office Address City Stafe Zip Code	b. Return Receipt Postcard (Should be specifically itemized, See MPEP 603) 13. Other: Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Ber Code Label (Insert Customer Norry of technology of tabel here) Name PATENT TRADEMARK OFFICE Address City Country Telephone 75 State 75 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) SMichael M. Conger Telephone: 919-183-2474 Signature	11.∐ New At	Comey Docket Number Application Atlomey Docket Nu	r, if desired Tiber will carryover to this	CPA unless a new	Attorney Doc	et Number has be	en provided l	nerein.)
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Labei (Insert Customer Norty Alego persone label here) PATENT TRADEMARK OFFICE Address City State Zip Code	13. Other: Petition and Fee for Extension of Time NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Label (Insert Customer Norry Attachptoscode label here) Name PATENT TRADEMARK OFFICE Address City Telephone 75 State To Code Country Telephone Name (Frint Type) Signature Michael M. Conger Telephone: 919-483-2474 Signature	12. a. 🔀 Re	ceipt For Facsimile Tr	ansmitted CPA (P	TO/SB/29A)		.7		idi-re
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Labei (Insurt Customer Norry http://popcode label here) Name PATENT TRADEMARK OFFICE Zip Code Zip Code	The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label				y itemized, See I	MPEP 503)			99 <u>66</u> 335
UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Label (Insert Customer Norry Attach per code label here) PATENT TRADEMARK OFFICE Patent Trademark of Code Zip Code	UNLESS a new correspondence address is provided below. 14. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Label (Insert Customer No./syringchoepcode label here) Name PATENT TRADEMARK OFFICE Telephone Telephone 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Pint Type) Michael M. Couger Telephone: 919-483-2474 Signature	13. <u>⊠</u> Other:	Petition and Fee for Ext	ension of Time		J. 1'		- · · · · · · · · · · · · · · · · · · ·	
Address City 14. NEW CORRESPONDENCE ADDRESS Or New correspondence address below (Insert Customer Norry Attach per code label here) PATENT TRADEMARK OFFICE Zip Code Zip Code	Gustomer Number of Bar Code Laber All	NOTE:	The prior application's	s correspondence	address will o	arry over	to this CPA		
City Customer Number or Bar Code Label (Insert Customer Norty Attect) page code label here) PATENT TRADEMARK OFFICE Zip Code Zip Code	City — State Zip Code Country Telephone — Fax Address — Signature OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) Michael M. Couger Telephone: 919-483-2474 Signature — M. Couger Telephone — Signature — M. Couger Telephone: 919-483-2474 Signature — M. Couger Telephone: 919-483-2474							+67	-
(Insert Customer Norgentieschoergoode label here) PATENT TRADEMARK OFFICE Address City - State Zip Code	City State Zip Code			4. NEW CORRESP	ONDENCE A	DURESS			
-Ardiress -City State Zip Code	-Address City State Zip Code Country Telephone Fax 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) Michael M. Couger Telephone: 919-483-2474 Signature M. Couger Telephone: 919-483-2474	Gustome	er Number or Bar Code Label	(Insert Gustomer Norge	tiech per code tal		or D New &	orrespondenc	e address below
-Andress City State Zip Code	City - State Zip Code Country Telephone Fax 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) Michael M. Conger Telephone: 919-483-2474 Signature M. Conger Telephone: 919-483-2474	Ålama	· • • • • • • • • • • • • • • • • • • •	PATENT TR	ADEMAIK OFFICE			_	4. 4.
City Zip Code Zip Code	City State Zip Code Country Telephone Fax 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print /Type) Michael M. Conger Telephone: 919-183-2474 Signature M. Conger Telephone: 919-183-2474		7	*	<u> </u>		<i>-</i>		***
City - State Zip Code	City State Zip Code Country Telephone Fax 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print //ype) Michael M. Conger Telephone: 919-483-2474 Signature M. Conger Telephone: 919-483-2474	and and an			****	ē,			76
	Country Telephone 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print //ype) Michael M. Conger Telephone: 919-483-2474 Signature	, , , , , , , , , , , , , , , , , , ,	-	· .			4.		
Country Telephone Fax	Name (Print Type) Michael M. Couger Telephone: 919-483-2474 Signature Michael M. Couger Telephone: 919-483-2474	- (-		9 1		4	-	-	······································
- AACDO-	Name (Print //ype) Michael M. Conger Telephone: 919-483-2474 Signature M.	Country		Telephone	17g		Fax	+ 42	
15 SIGNATURE OF APPLICANT ATTORNEY OF RESULDED	Name (Print //ype) Michael M. Conger Telephone: 919-483-2474 Signature M.	- (TOWNS AS SIGNATI	IRE OF APPLICAN	T ATTORNEY	COPACE	ŃT REALURE	n «»	TAN .
	Signature n. Many		S7 M				-		***
				Michael	m. Conger T	. J. 7 (200)	19-483-2474	. 4	
	Registration No. (Attorney/Apenit) 43,562			12.550	10	Mary	<u> </u>	26	- A
	Date November 15, 2002	2 00	RUGISTI ALIUTI INO. TAMIMAY/A	CACH L 4.5 NO.			1 1 2		y .

[Page 2 of 2]

FACSIVILE TRANSMICT

ALE CONCURSION OF VEHICLES FOR

મિક્સ ઉજ જે હહાલા જે ઉત્તર હતા હતા છે.

BEST AVAILABLE COPY

PTO/SE/29A (08-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

if this RECEIPT is included with a request for a CPA filed by facsimile transmission, it will be date stamped and mailed to the ADDRESS in item 1.

1: ADDRESS

Applicant's Mailing Address for this receipt must be CLEARLY PRINTED or TYPED in the box below.

David J. Levy
Corporate Intellectual Property Law
GlaxoSmithKlinc
Five Moore Drive
PO Box 13398
Durham, NC 27709-3398

NOTE: By this receipt, the USPTO (a) acknowledges that a request for a CPA was filed by facsimile transmission on

the date stamped below by the USPTO and (b) verifies only that the application number provided by the applicant on this receipt is the same as the application number provided on the accompanying request for a CPA. This receipt CANNOT be used to acknowledge receipt of any paper(s) other than the request for a CPA.

。 ムンンサイ PATENT TRADEMARK OFFI

a. For prior application

2. APPLICATION IDENTIFICATION:

Application No.: 09/441,493

(Provide at least enough information to identify the application)

Filing Date: 11/17/1999

Title: INFRARED THERMOGRAPHY

Attorney Docket No.: PU3571

First Named Inventor. James Martin LENHARD

b. For instant CPA application

New Attorney Docket No.:

(H applicable)

The USPTO date stamp, which appears in the box to the right, is an acknowledgement by the USPTO of receipt of a request for a CPA filed by facsimile transmission on the date indicated below.

USPTO HANDLING INSTRUCTIONS:

Please stamp area to the right with the date, the complete transmission of the request for a CPA was received in the USPTO and also include the USPTO organization name that provided the date stamp (stamp may include both items). Verify that the application number provided by applicant on this receipt is the same as the application number provided by applicant on the request for a CPA accompanying this receipt. If there is an inconsistency between the application number provided on this receipt and the request for a CPA, strike through the inconsistent application number provided on this receipt and insert the currect, application number, if possible. Then place in a window anvelope

(THIS AREA FOR PTO DATE STAMP USE

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents: Box Patent Application: Washington, DC 20231.



CERT	DICATE OF	TRANSMISS	IONBREAGS	MILE (37 CFR.)	S. I	Docket No. 2	14
			et al. De Ar			PU3571	
200	T THE	54.3 - 24 S	grave of [The second second	200 S (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 3
A 200	erial No.	SCHOOL:	Date + 1	Examine	24 7:3.	Group Artiunit	- Marie
	/441,493	11/1/7	/1999	Zeman, Ro	bert '	1645	3.5
Invention	INFRARED	THERMOGRAI	HY	AL STATE	The Adams . There	1000	k:
	4	4.					•
_			the state of		7	100	-
		***		-	-		
	X.	_a.	<		and the same of th		
	#	1	*	-	4		۰. ـ
9 6				_	***		· c
hereby	certify that this	Continued Pr	osecution Applica	- tion under 37 CFR L	.53(d) and accomp	inving documents	•
٠.				Identify type of correspond	lence) .	Tal 3	_
is being f	facsimile transmi	tted to the Unite	ed States Patent a	ind Trademark Office	e (Fax. No. <u>(703)</u>	872-9306	<u>)</u>
on [™]	November 1	5 2002	-		gr T	E	-
	(Date)		₹				
Æ,		į.		· · · · · · · · · · · · · · · · · · ·			
						42 42	
7	1-1	,		(Typed or Printed No.	jorie J. Pleiffer me of Person Signing C	ertificate)	
ļ	. 7		and the second		0 0	,	. ,
* *	.,	Apr.		- Mays	(Signature)	effer	<u> </u>
		4.			1 0 20		•
<u></u>		** **	. %		·		
* *		1 - 4 - 4		7 · · · · · · · · · · · · · · · · · · ·			-
***							_
a •	• •		چي څ			<u> </u>	
İ	< 	Note: E	ach paper must have	its own certificate of n	n≱iling.	,	~
- دع حور				-			
	₩4		-	• • • •	-	•	
,	•	Marie San	_	• <u> </u>	. •		- 4
	-						
	,	The same		<u>.</u>		- 5	_
		- A	- 1	_	· ···	D	
			-			- D	10
Silver in the same of the same	3	3	3	<u>a</u>		E Comment	8
		0				- 1. s	a . Maria
	Company of the Compan		All of the state o		CALL THE PARTY OF		7 (Sep.
							1 1
	i in the	那.第十五章			i.		(
Complete.	11001 F	72.00		the part of the second of the second	The state of the s	5	- 4